



FIG.3

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WORK LIST SETTING HELP ONCALL LOGOFF							
	PATIENT NAME	DATE	MODALITY	BODY PART	REFERRING PHYSICIAN		
<input type="checkbox"/> <input type="checkbox"/>	PATIENT 1	6/6/2002 10:20:23 AM	CR	PELVIS	MCFARLAND		
<input type="checkbox"/> <input type="checkbox"/>	PATIENT 2	7/26/1995 1:16:46 PM	CT	SPINE	JOHN SMITH		
<input type="checkbox"/> <input type="checkbox"/>	PATIENT 3	7/26/1997 1:15:20 PM	US	KNEE	UNSPECIFIED		
<input type="checkbox"/> <input type="checkbox"/>	PATIENT 4	3/11/1997 7:21:40 PM	MR	HEAD	JOHN DEE		
<input checked="" type="checkbox"/> <input type="checkbox"/>	PATIENT 5	4/5/1996 2:51:55 PM	US	SPINE	UNSPECIFIED		

90

FIG.4